

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000097023

1. Entity Name

URBAN HOME, INC.

Principal Place of Business

Mailing Address

4711 S HIMES AVE APT 1703
TAMPA FL 33611

4711 S HIMES AVE APT 1703
TAMPA FL 33611

2. Principal Place of Business

221 FIRST ST. N.E.

Suite, Apt. #, etc.

3. Mailing Address

221 FIRST ST. N.E.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

Zip

33701

Country

PINELLAS

City & State

ST. PETERSBURG, FL

Zip

33701

Country

PINELLAS

4. FEI Number

59-3677127

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEEKS, MARVIN G
4711 S HIMES AVE APT 1703
TAMPA FL 33611

7. Name and Address of New Registered Agent

Name MARVIN G MEEKS

Street Address (P.O. Box Number is Not Acceptable)

4711 S. HIMES AVE # 1006

City TAMPA

FL

Zip Code

33611

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Marvin G Meeks, PRESIDENT, MARVIN MEEKS

4/26/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent: signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARVIN MEEKS 4711 S. HIMES AVE #1006 TAMPA, FL 33611	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marvin G Meeks, PRESIDENT, MARVIN MEEKS

4/26/01

727-898-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90086 007 ***150.00

C0065494



DO NOT WRITE IN THIS SPACE

0519800

CR2E034 (10/00)